

**Washington State Local Health Officer Resolution,
Request to WSALPHO
October 9, 2002**

WHEREAS, there has been great progress in the HIV epidemic since the Washington State AIDS Omnibus Bill was adopted in 1988 and

WHEREAS, the Centers for Disease Control and Prevention's (CDC) HIV Strategic Plan 2005 goal is to increase the proportion of persons with HIV infection who know their serostatus from the current estimate of 66 - 75% to 95% and

WHEREAS, current knowledge of one's seropositivity and treatment for HIV may be potentially life-saving and

WHEREAS, special provisions for HIV counseling and testing in the 1988 AIDS Omnibus Law, now 14 years later, create barriers to HIV testing with consequent lack of knowledge of HIV serostatus; and

WHEREAS, there is no specific authority in Washington State statutes for public health control of other bloodborne infections such as hepatitis B virus (HBV) and hepatitis C virus (HCV); and

WHEREAS, according to CDC, U.S. estimates of chronic infection of HBV and HCV are substantial (HBV - 1.25 million; HCV - 2.7 million; and HIV 800,000 - 900,000 persons infected); and

WHEREAS, there is little justification from a public health perspective for different statutory authority for control and prevention of HIV as compared to other bloodborne infections; and

WHEREAS, local health officers in Washington State have statutory authority for disease control;

NOW THEREFORE, BE IT RESOLVED that the local health officers of Washington State strongly recommend that WSALPHO formally request that the Washington State Board of Health and the Department of Health consider a process to update policies, rules, and/or regulations concerning HIV/AIDS and other bloodborne infections to reflect advances in the science of disease prevention and current best public health practices.